

(Make any corrections or additions in the shaded areas.)

2018 MONTANA LARGE OR SMALL QUANTITY HAZARDOUS WASTE GENERATOR REPORT

This report is for the calendar year ending December 31, 2018. Please read all instructions in the 2018 Hazardous Waste Report Instructions Booklet before making any entries on the form. PLEASE TYPE / PRINT

State Use Only

Inspector:

RCRAInfo

☒ NRR

CEDARS

PART ONE Generator Information Mailing Date: January 2, 2019

I	GENERATOR STATUS DURING 2018 <i>See instructions for generator status definitions and check correct box.</i>		Actual Generator Status during 2018	<input type="checkbox"/> Large Generator	<input type="checkbox"/> Non-Handler	2018 REGISTERED STATUS
		<input type="checkbox"/> Small Generator		<input type="checkbox"/> Out of Business		
		<input type="checkbox"/> Conditionally Exempt Generator		<input type="checkbox"/> Short Term/One-Time		
II	EPA ID # / DEQ CONTACT					
III	SITE NAME					
IV	SITE LOCATION ADDRESS	Address				
		City	State		MT	
		Zip				
V	CONTACT PERSON First   MI   Last					
	TITLE					
	TELEPHONE	EXTENSION				
	MAILING ADDRESS	Address				
		City	State			
		Zip				
	FAX NUMBER					
EMAIL						
VI	ALTERNATE CONTACT First   MI   Last					
	TITLE					
	TELEPHONE	EXTENSION				
	EMAIL					
VII	SITE LEGAL OWNER					
VIII	CERTIFICATION		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision according to a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (40 CFR 270.11).			
▼ Please Type or Print ▼						
Name First   MI   Last				Signature		Date Signed (mm/dd/yyyy)
Title						

**PART TWO – Waste Identification (See Instructions) (Make copies of this sheet for additional pages.)**

	A	B	C	D	E		F	G	H
Line #	Is this Remediation Waste? Place 'X' in box if Yes	Description of Waste	EPA Hazardous Waste Codes (D001, D002...)	Amount of Waste Generated	Unit of Measure		Amount Shipped Off-Site	Waste Minimization Code (see Instructions, page 4)	Transporter (T) EPA ID Number (#) & Name
					Density				Receiving Facility (R) EPA ID Number (#) & Name
	<input type="checkbox"/>					<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg			T # ----- T Name ----- R # ----- R Name -----
	<input type="checkbox"/>					<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg			T # ----- T Name ----- R # ----- R Name -----
	<input type="checkbox"/>					<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg			T # ----- T Name ----- R # ----- R Name -----
	<input type="checkbox"/>					<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg			T # ----- T Name ----- R # ----- R Name -----
	<input type="checkbox"/>					<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg			T # ----- T Name ----- R # ----- R Name -----
	<input type="checkbox"/>					<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg			T # ----- T Name ----- R # ----- R Name -----

Comments